

DECLARATION AND POWER OF ATTORNEY

Docket No. X16329

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

MODULATION OF SURVIVIN EXPRESSION

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 03 June 2004 as

PCT International Application No. PCT/US2004/017490.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/475,324
(Application Number)

03 June 2003
(Filing Date)

10/618,553
(Application Number)

11 July 2003
(Filing Date)

10/823,448
(Application Number)

13 April 2004
(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor : Balkrishen BHAT

Inventor's Signature : _____ Date: _____
Balkrishen BHAT

Residence Address : 911 Rosemary Avenue
Carlsbad, California 92007

Post Office Address : SAME AS ABOVE

Citizenship : India

Full Name of Second
Joint Inventor, if Any: Bharvin Kumar PATEL

Inventor's Signature:  Date: 2/23/06
Bharvin Kumar PATEL

Residence Address : 14255 Esprit Drive
Westfield, Indiana 46074

Post Office Address : SAME AS ABOVE

Citizenship : United States of America

Full Name of Third
Joint Inventor, if Any: Eric SWAYZE

Inventor's Signature : _____ Date: _____
Eric SWAYZE

Residence Address : 7789 Palenque Street
Carlsbad, California 92007

Post Office Address : SAME AS ABOVE

Citizenship : United States of America

DECLARATION AND POWER OF ATTORNEY

Docket No. X16329

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

MODULATION OF SURVIVIN EXPRESSION

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 03 June 2004 as

PCT International Application No. PCT/US2004/017490.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional patent application(s) listed below.

60/475,324
(Application Number)

03 June 2003
(Filing Date)

10/618,553
(Application Number)

11 July 2003
(Filing Date)

10/823,448
(Application Number)

13 April 2004
(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor :

Inventor's Signature : Balkrishen BHAT Date: 2/7/2006
Balkrishen BHAT

Residence Address : 911 Rosemary Avenue
Carlsbad, California 92009 (A)

Post Office Address : SAME AS ABOVE

Citizenship : India

Full Name of Second
Joint Inventor, if Any: Bharvin Kumar PATEL

Inventor's Signature: _____ Date: _____
Bharvin Kumar PATEL

Residence Address : 14255 Esprit Drive
Westfield, Indiana 46074

Post Office Address : SAME AS ABOVE

Citizenship : United States of America

Full Name of Third
Joint Inventor, if Any: Eric SWAYZE

Inventor's Signature : Eric SWAYZE Date: 2/7/2006
Eric SWAYZE

Residence Address : 7789 Palenque Street
Carlsbad, California 92009 (A)

Post Office Address : SAME AS ABOVE

Citizenship : United States of America